Please type a plus sign (+) inside this box -

a valid OMB control number.

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no personal are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	T2180-906495
First Named Inventor	Mark BENSON
COMPLETE I	F KNOWN
Application Number	09 /645,928
Filing Date	Aug. 25, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Insurance Policy Renewal Method and System											
the specification of which (Title of the Invention) is attached hereto											
OR was filed on (MM/DD/YYY)	08/25/2000	as Unite	d States Applicat	ion Number or PCT International							
Application Number 09/645		as amended on (MM/DD/Y	m	(if applicable).							
I hereby state that I have reviewed amended by any amendment spec	and understand the	contents of the above ident	tified specification	n, including the claims, as							
amended by any amendment speci- I acknowledge the duty to disclose			defined in 37 CF	R 1.56.							
, administration and a control											
I hereby claim foreign priority bene certificate, or 365(a) of any PCT ir America, listed below and have also or of any PCT international applicati	ternational application	on which designated at lea checking the box, any fore	ist one country (ion application fo	other than the United States of or patent or inventor's certificate.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
Additional foreign application nu	mbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached hereto:							
I hereby claim the benefit under 3	U.S.C. 119(e) of an	y United States provisiona	application(s) lis	sted below.							
Application Number(s)		e (MM/DD/YYYY)									
60/151,042	60/151,042 08/27/1999 Additional provisional application numbers are listed on a										
				emental priority data sheet SB/02B attached hereto.							

[Page 1 of 2]



Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Litility or Design Patent Application

	LAKATIC		- 01	inty O.		-> 005(-)	of any PC	Cintomo	ional an	nlication design	neting the
United States of United State	the benefit under 35 U.S of America, listed below or PCT International app ich is material to patent al or PCT International fi	v and, insolication in	orar as ti the mani defined i	ne subject ma ner provided b n 37 CFR 1.5	atter of ea by the firs 66 which i	s), or 365(c) ach of the cla t paragraph o became avail	aims of this of 35 U.S.C able between	:, 112, I a	iling dat	edge the duty to e of the prior a	disclose pplication
U.	S. Parent Applica Num		PCT P	arent		rent Filin MM/DD/Y	- 1			t Patent Nu applicable	
											į
·						- alamantal m	iodiu data	shoot P7	COISBIO	28 etteched he	neto
Additional	IU.S. or PCT internation ventor, I hereby appoint	nal applica	ition num ina reaist	bers are listed	ner(s) to	prosecute this	s application	n and to	transac	t all business in	the Pater
nd Trademark	Office connected there	with: 🔲	Custom	er Number				→		Place Custom Number Bar Co Label here	er [
			Register	Registration		Cinegioti di io	Nam			Regist Num	
Edward	J. Kondrack	<u>.</u>	20,	Number 604						1,441	
	P. Clarke		-	549							
	n L. Feeney		-	918							
John C.	Kerins		32.	421				oot PTC	1001000	attached boss	
Additional	registered practitioner(s) named	on supple	emental Regis	stered PT	cattioner into					
Direct all cor	respondence to		mer Nur Code L				OR	<u>₹</u> 38 c	опеѕро	ondence add	ess belo
Name	John C. Ke	rins				· · · · · · · · · · · · · · · · · · ·	· · · · · ·	<u> </u>	· <u> </u>		
Address	Miles & St	ockb	ridge	P.C.							
Address	1751 Pinna	cle 1	Drive	e, Suit	e 50	0					
City	McLean						VA	ZIP		<u>102-3833</u>	
Country	U.S.		Te	lephone 7	03-9	03-900	0	Fax	703	-610-868	36
I hereby deci believed to be	are that all statements e true; and further that y fine or imprisonment, any patent issued there	these sta or both.	rein of maternents under 18	ny own knowle were made 3 U.S.C. 100	edge are with the 1 and the	it such willfu	false sta	tements	may jed	pardize the va	lidity of the
Name of S	Sole or First Inver	ntor:				A petition	has bee	en filed t	for this	unsigned inv	entor
	Given Name (first an	<u>d middle</u>	[if any])				ily Nam	e or Si	ımame	
	ark H.		·	·····		BENS	SON				
Inventor's Signature	A					. 				Date	
Residence:	City			State N.I		Country	U.S	· •	•	Citizenship	II.S.
Post Office	Address										
Post Office	Address		,			•			····		
City		Sta	te N		ZIP			C	ountry	II S	
- W	al inventors are bei				lomonto	I Additiona	Invento	/e) ehe	et/e\ D'	TO/SB/02A a	ttached h

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 2

Name of Additional J	oint Inventor if any				petition	has been fi	led for thi	s unsidi	ned inv	entor
	irst and middle [if any])			<u> </u>	pelilioi		ame or S			
John	ist and middle [it any])				GO.	LDWATER	<u> </u>	dirianie		
Inventor's Signature								Date		
Residence: City		State		C	ountry	US		Citizens	ship	US
Mary Mary		Olatos		1-						
Post Office Address										
Post Office Address										
City X		States	<u>l</u>		ZIP.	•	Countr	יט ע:	S	
Name of Additional J	Joint Inventor, if any			^	v petitio	n has been f	filed for th			ventor
	first and middle [if any])	l				Family N	Name or	Sumame)	<u>-</u> .
Dean					WA	TTERS				
Inventor's					WA	TIERD		T		
Signature 🛣				Т	-			P	ate <u>j</u>	1
Residence: City		State	*	С	ountry	บร		Citiz	enship	lus
Post Office Address								··		•
Post Office Address										
City X		State			ZIP	X	Cou	ntry	US	
Name of Additional	Joint Inventor, if any	<i>/</i> :		Ď.	A petitio	n has been	filed for t	his unsid	aned in	ventor
	(first and middle [if any])			<u>·</u>			Name or			
George					KOWA	LSKY				
Inventor's Signature	Kunge	12	In	sas		/// 		[Date (april 10
Residence: City	Yard of	State			ountry	US		Citiz	enship	บร
Post Office Address	1475 G	902	M	las	1	WZ K	R			
	andles.	//	A	1	40					
City		State	SÕi.		ZIP	ź.		Country	п	S

Please type a plus sign (+) inside this box ->

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no presons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2_ of _2_

Name of Additiona	I Joint Inventor, if any:			oetition	has been filed	for this	unsigned	inven	tor
Given Name	e (first and middle [if any])	Family Name or Surname							
Michael				HEAL	EY				
Inventor's Signature							Date	1	
Residence: City		State *	 Co	untry	U.S.		Citizenship	,]	J.S.
Post Office Address						<u>-</u>			
Post Office Address							.		
City 🗽		State :		ZIP X		Country	U.S.		
Name of Addition	al Joint Inventor, if any	:	□ A	petition	has been file	d for this	s unsigne	d inve	ntor
Given Nam	ne (first and middle [if any])				Family Nar	ne or S	urname		
Inventor's Signature							Date		
Residence: City		State	 С	ountry			Citizens	ship	<u> </u>
Post Office Address			<u> </u>		·		•		
Post Office Address			 			·			
City		State		ZIP		Cour	ntry		
Name of Addition	nal Joint Inventor, if any	y:		A petitio	n has been file	ed for th	is unsign	ed inv	entor
Given Na	me (first and middle [if any])				Family Na	me or s	Sumame		
Inventor's Signature			 	_			Dat	te	
Residence: City		State		Country		 	Citizer	nship	
Post Office Address					···				
Post Office Address					·				
City		State		ZIP			Country		

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OME 0651-0032
Patent and Desemark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons and approved to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box -

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration OR Submitted with Initial

Filing

a valid OMB control number.

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

required)

Attorney Docket Number	T2180-906495
First Named Inventor	Mark BENSON
COMPLETE	FKNOWN
Application Number	09 /645,928
Filing Date	Aug. 25, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Insurance Policy Renwal Method and System											
the specification of which (Title of the Invention) is attached heroto											
	OR										
Application Number 09/6	45,928 and wa	is amended on (MM/DD/Y)	~ ~n		rif applicable).						
I hereby state that I have revit amended by any amendment	ewed and understand the dispecifically referred to abo	contents of the above ident	tified specification	n, including the o	dairus, es						
I acknowledge the duty to disc			defined In 37 CF	R 1.56.							
I hereby claim foreign priority certificate, or 365(a) of any Po America, listed below and have or of any PCT international app	CT international application	n which designated at lea shocking the box, any forei	on application fo	r patent or inver	HILL & OKUSS O.						
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certified Co	py Attached? NO						
			0000	0000	0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto											
I horoby claim the benefit und			application(s) lis	tod below.							
Application Number(s		(MM/DD/YYYY)		!::-:	al availention						
Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached litereto.											

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 abus to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Sp: 41 10-71-19A From-CYBERCOMP RELIANCE

PTO/SB/01 (12-97) Approved for use through 9/30/00, OMB 0651-0032

Astendard Trademark Office; U.S. DEPARTMENT OF C MMERCE

The Height of the respond to a collection of Information unless it contains

Under the Paperwork Reduction Act of 1995, no perso

a valid OMB control number. **DECLARATION** — Utility or Design Patent Application I hereby daim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patientiability as defined in 37 CFR 1,56 which became available between the filling date of the prior application and the national or PCT international filing date of this application. Parent Patent Number U.S. Parent Application or PCT Parent **Parent Filing Date** (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached in reto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith: Customer Number Place Custorier Number Bar Code OR Label bors . Registered practitioner(s) name/registration number listed below Registration Registration Name Number 20,604 Number Name Edward J. Kondracki 22,549 Dennis P. Clarke 29,918 William L. Feeney John C. Kerins Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached here to Direct all correspondence to Customer Number OR Correspondence address below or Bar Code Label Name John C. Kerins Miles & Stockbridgé P.C. Address 1751 Pinnacle Drive, Suite 500 Address 22102-3833 State ZIP McLean City 703-903-9000 703-610-8686 U.S. Telephone Countr I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like 9) made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle lif any)) Family Name or Sumame BENSON Mark H. Inventor's Date Signature U.S. Citizenship Residence: City Post Office Address Post Office Address 08691 933 NSVILLE SUN Country

[Page 2 of 2]

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached heleto.

Additional inventors are being named on the

Please type a plus sign (+) Inside this box ->

Please type a plus sign (+) inside this box ->

PT(VSB/02A (3-97)
Approved for use through 9/30/98. DMB 0651-0032
Patient and Trademark Office: U.S. DEPARTMENT (IF COMMERCE
Under the Paperwork Reduction Act of 1995, necessors are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2...

						96 0	' <u>~~</u>				
Name of Addition	nal Joint Inventor, if any:		^_A	petition	has been fil	ed for this	s unsigne	d inve	entor		
	ne (first and middle [if any])		T-	Family Name or Surname							
John				GOI	DWATER		•				
Inventor's Signature	× In K.S	 Md-+A	<u>-</u>				Date		12/3/00		
Residence: City	* MANASSAS	MANASSAS VA State Country US Citizen									
Post Office Address	X TOIL TRAPP	ERS (? <u>7.</u>								
Post Office Address						Т					
City X	MANASSAS	States	A Z	IP X	20111	Country	US				
	nal Joint Inventor, if any	:	ΠA	petition	has been fil	led for thi	ls unsigne	ed irv	entor		
	me (first and middle [if any])		<u> </u>		Family N	ame or S	Sumame		<u> </u>		
	7,1										
Dean	1			WA:	ITERS		1		1		
Inventor's Signature	R.						Date	<u> </u>			
Residence: City	×	State 🗶	Co	untry	пѕ		Citizen	ahip_	пѕ		
Post Office Address	x										
		~			***				- "		
Post Office Address		1	Т								
City X		State K		ZIP_	x	Cour	ntry	บร			
Name of Addition	nal Joint Inventor, if any		^A	petitio	n has been f	lled for th		ed line	entor		
Geo:	rge //			KdWÁ	LSKY						
Inventor's Signature	May		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Q	The last		Oat	te 3	9/32		
Residence: City	Ymally	State *	C	ountry	(US)		Citizer	ishi)	US		
Post Office Address	x147516	REQUE		do	werky	/					
Post Office Address	Sardelle	B	19	01							
Post Office Address	119		/	- 0	τ	L					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

887-7

Please type a plus sign (+) inside this box

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

PTI 3/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Approve

	<u> </u>										
Name of Addition	nal Joint Inventor, if any	/ :	[A pet	ition	has been file	d for t	his un	signed li	vento	r
Given Na	me (first and middle [if any])			Family Name or Sumame							
Michael	.,			Н	EAL	EY	-		,		
Inventor's Signature	Winhail Klea	1						1/8	oste x		
Residence: City	Minhae Stea * Milltoun * 191 South 1	NJ State	N	Count	ŋ	v.s.			enship		.s
Post Office Address	x 191 South 1	Moet:	2 DRi	ve.							
Post Office Address					_						
City x	Mill-town	State	N	ZIP	×	08850	Coun	try	U.S.		
Name of Addition	nal Joint Inventor, if any	y:	[A pe	iltior	has been file	ed for	this un	signed l	vento	ır
Given Na	me (first and middle [if any])	1			_	Family Na	me or	Suma	me		
		, I									
Inventor's Signature									Date		
Residence: City		State		Count	ιγ			Ci	tizenshij	,	
Post Office Address											
Post Office Address											
City		State		Z	P		Co	untry			
Name of Additio	nal Joint Inventor, if an	v:	·	ПАре	titior	n has been file	ed for	this un	nsigned i	nvent	or
	ame (first and middle [if any])					Family Na					
·		þ									
Inventor's									Date		
Residence: City		State		Соил	ıtry			C	Itizenshi	,	
Post Office Address	1										
Post Office Address	,		,								
City		State		2	ZIΡ			Count	try		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.

API-17-01 14:43 From-CYBERCOMP RELIANCE

P.02/05

Please type a plus sign (+) inside this box -> +

Approved for use through 9/30/00. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

Attorney Docket Number T2180-906495 **DECLARATION FOR UTILITY OR** First Named Inventor DESIGN Mark BENSON PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) 09 **Application Number** 645,928/ 2000 25, Filing Date Aug. Declaration Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor	or, I hereby declare that:	_								
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Insurance Policy Renewal Method and System										
the specification of which (Title of the Invention)										
is attached hereto OR		,								
	08/25/2000	0 as Unite	d States Applica	tion Number or PCT International						
Application Number 09/6		as amended on (MM/DD/		(if applicable),						
I hereby state that I have rev	viewed and understand the o	contents of the above ident								
amended by any amendmen	nt specifically referred to abo	ove.		-						
I acknowledge the duty to dis	sclose information which is r	material to patentability as r	defined in 37 CF	FR 1.56.						
centicate or 365(8) of any P	PCT international application re also identified below, by a	on which designated at leas checking the box, any foreig	ist one country of	cation(s) for patent or inventor's other than the United States of or patent or inventor's certificate, ority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
			0000	0000						
Additional foreign application	ion numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached hereto:						
I hereby claim the benefit und	<u>. </u>		application(s) ils	ted below.						
Application Number(s	, , , , , , , , , , , , , , , , , , ,	(MM/DD/YYYY)								
60/151,042	08/27/1	.999		onal provisional application						
		İ	supple	emental priority data sheet						
		}	PTO/S	SB/02B attached hereto.						

[Page 1 of 2]





Please type a plus sign (*) inside this box ->

Additional inventors are being named on the

PTO/SB/01 (12-97)

sign (+) inside this box Approved for use through 9/30/00. OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Utility or Design Patent Application DECLARATION -I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(e) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith: Customer Number Place Customes OR Number 8st Code Registered practitioner(s) name/registration number listed below Label bere Registration Registration Number 20,604 Name Number Edward J. Kondracki Dennis P. Clarke 22,549 William L. Feeney 29,918 John C. <u>Kerins</u> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to Customer Number OR Correspondence address below or Bar Code Label Name <u>John C. Kerins</u> Miles & Stockbridge P.C. Address 1751 Pinnacle Drive, Suite 500 <u>Address</u> City McLean State ZIP 22102-3833 703-903-9000 703-610-8686 Country Telephon I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may joopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor Given Name (first and middle (if any)) Family Name or Sumame Mark H. BENSON inventor's Signature U.S. Residence: City Conna Citizenahir Post Office Address Post Office Address Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached he

Please type a plus sign (+) inside this box ->

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Addition	nal Joint Inventor, if an	y:			A petitic	n has been filed	d for thi	s unsign	ed Inv	entor
Given Na	me (first and middle (if any))				Family Nan	ne or S	umame		
John					GC	LDWATER				
Inventor's Signature	×							Date	*	
Residence: City	x	State	*		Country	US		Citizens	hip	US
Post Office Address	X					·				
Post Office Address			,							
City 💢		States			ZIP		Country	UŞ		
Name of Addition	nal Joint Inventor, if an	у:			A petitic	n has been file	d for thi	is unsigr	ed inv	entor
Given Nar	me (first and middle [if any])		_		Family Nan	ne or S	umame		
Dean	WATTERS									
Inventor's Signature								Da	te 🕱	4/16/61
Residence: City	Larchmont	State	N	7	Country	IIS .		Citize	nship	Conadian
Post Office Address	Larchmont 22 (res	ren	- Rg							
Post Office Address						. ,				
City	Larchnond	State	N	4	ZIP	10578	Coun	try	US	
Name of Addition	nal Joint Inventor, if an	y:			A petitic	n has been filed	d for thi	is unsigr	ed Inv	entor
Given Nar	ne (first and middle [if any])				Family Nan	ne or S	umame		
Geor	ge				KOWA	LSKY				
Inventor's Signature								Der	te ै	
Residence: City		State			ountry	US		Citizer	nahip	บร
Post Office Address	*									
Post Office Address						,				
City		State	X.		ZIP	, Š	C	ountry	US	

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995 to persons are required to respond to a collection of information unless it contains a valid OMB control number. PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additio	nal Joint Inventor, if a	ny:		A petitic	n has been file	d for this	s unsigne	nd inv	entor
Given Na	me (first and middle [if an	yI)			Family Nar	ne or S	umame		
Michael				HEA	LEY				
Inventor's Signature							Date	¥	
Residence: City	X	State #		Country	U.S.		Citizenshi	ip	v.s.
Post Office Address	ĝ.								
Post Office Address				· · · · · · · · · · · · · · · · · · ·					
City		State		ZIP X		Country	U.S		
Name of Addition	nal Joint Inventor, if a	ny:		A petitio	n has been file	d for this	s unsigne	d inv	entor
Given Na	me (first and middle [if any	(1)			Family Nar	ne or St	umame		
						_		-	
Inventor's Signature			·				Date	•	
Residence: City		State		Country			Citizens	hip	
Post Office Address									
Post Office Address				`					,
City		State		ZIP		Count	2		
Name of Addition	nal Joint Inventor, if ar	ıy:		A petitio	n has been file	d for this	e unsigne	d inv	entor
Given Nar	me (first and middle [If any))			Family Nar	ne or Su	umame		
Inventor's Signature		,					Date		
Residence: City		State		Country			Citizens	nip	
Post Office Address					*. **				
Post Office Address									
City	in the second se	State	-	ZIP	يحورا المشكلة الم	.Co	untry	,	